

U.S. Department of Justice
United States Marshals Service

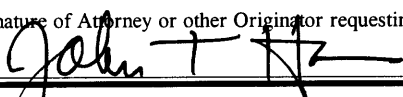
Case 2:05-cr-00150-LSC-CSC Document 108

Filed 08/21/2006 Page 1 of 2
PROCESS RECEIPT AND RETURN
See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form
PSN 6 ✓

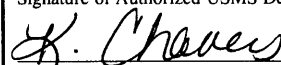
PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER 2:05-cr-150-C
DEFENDANT RONNIE GRISSETT and BEULAH GRISSETT d/b/a GRISSETT GROCERY	TYPE OF PROCESS RELEASE OF LIS PENDENS
SERVE ↓ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN COVINGTON COUNTY JUDGE OF PROBATE
	.ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) Covington County Courthouse - Court Square One, Andalusia, Alabama 36420
SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:	
John T. Harmon United States Attorney's Office Assistant United States Attorney Post Office Box 197 Montgomery, Alabama 36101-0197	
Number of process to be served with this Form - 285	1
Number of parties to be served in this case	
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

CATS # 05-DEA-459655

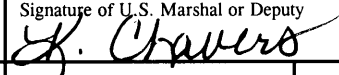
Signature of Attorney or other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (334) 223-7280	DATE 08/07/06
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. <u>2</u>	District to Serve No. <u>2</u>	Signature of Authorized USMS Deputy or Clerk 	Date 8/14/06
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (If not shown above).				<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)				Date of Service 8/18/06	Time 2:15 pm
				Signature of U.S. Marshal or Deputy 	
Service Fee 45.00	Total Mileage Charges (including endeavors)	Forwarding Fee 8.00	Total Charges 53.00	Advance Deposits	Amount Owed to US Marshal or Amount or Refund

REMARKS: 8/15/06 C.M. # 7001 1140 0001 8579 6905
8/18/06 Received green card signed "Cynthia" RETURNED AND FILED
8/18/06 Received recorded copy

AUG 21 2006

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Covington County Judge of Probate
P.O. Drawer 789
Andalusia, AL 36420

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/17/16

Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

7001 1140 0001 8579 6905

PS Form 3811, February 2004

102595-02-M-1540